



**Employee's Consent Form
Reciprocal Coverage Election**



UCS-6C
R. 12/00

Name _____ Social Security No. _____

Residence Address _____

Inasmuch as I customarily perform services for:

(Employers Name)

(Employers Address)

in more than one state, I the undersigned, concur in my employer's request that my services for the purpose of unemployment compensation be deemed to be performed entirely within the State of Florida effective as of _____, and hereby consent to such determination. This coverage is to remain in effect until such time as the conditions of my employment with respect to where my services are performed change to the extent that I no longer customarily perform services in more than one state, or the agreement is otherwise terminated.

Date _____ Signed _____

Internet address: <http://sun6.dms.state.fl.us/dor/>